

TO: David J. Vail, M.D.  
Medical Director

DATE: August 26, 1967

FROM: Dr. Russell Barton  
Visiting Consultant Psychiatrist

SUBJECT: Confidential Report on Visit to Cambridge State Hospital 8/22/67

Mr. Lucero and Dr. Russell Barton visited Cambridge State Hospital on Tuesday, August 22, 1967. Their objectives were:

1. For Dr. Barton to make independent ratings of a sample of Ward Living Conditions to test consistency of rating made by Dr. Vail and Joe Lucero in April, 1967.
2. To compare 1967 ratings with ratings made in May, 1965. The principal instrument in rating being the Ward Rating Scale developed by Vail, Barton, and Lucero in 1965. This consists of a questionnaire which is filled in by ward staff. From the completed questionnaires the wards are rated and then a sample of wards visited to check reliability of answers.
3. To discuss the implications at the changed rating in ward living conditions with Dr. Gailitis and Miss Anderson, Director of Nurses, and to formulate the nature and content of an afternoon meeting with senior hospital staff which they thought would be most helpful in furthering the aims of the institution and Central Office.

We were received with cordiality and kindness at Cambridge State Hospital and every help and facility was given to us.

Cottages #2,3,5,9,11,12, Independent Living and day activity centers were inspected and the rating scale found to be consistent and reliable.

Considerable improvement has occurred but the immeasurable improvement which strikes a visitor after two years' absence is the great increase and extension of morale and sense of commitment of members of hospital staff, especially psychiatric technicians. This was the outstanding impression of change. This sincerity and dedication has been matched by improvements in Ward Living Conditions and by patients' performance. To quote one example: The reorganization of eating arrangements so that more disturbed and regressed patients eat first and sit at places next to the wall has enabled an increased number of patients to be trained to feed themselves and to carry their own trays from self-service counter to their tables. This achievement should not be underrated.

Other impressive schemes were the foster grandparents program and the college students activities. The introduction of a six monthly program assessment appears to be successful in getting staff to consider and take stock of their MR services. In the afternoon, we met with departmental heads; program leaders; medical staff; nurses and psychiatric technicians.

The purpose of the meeting: to enable staff to scrutinize their practices, to examine their objectives, and to discuss ways and means of

achieving them.

The afternoon discussion group was rather too large to allow usual group techniques.

#### PROCEDURES AND DISCUSSION

Scores taken from the 1965 and 1967 Ward Rating Scales, with graphs to show raw scores and gradient of change were distributed and the significance of these changes was discussed.

The importance of alignment of goals for all members of staff was emphasized and the reasons for improvement of morale and patient achievement examined.

The meeting was somewhat dominated by Mr. Charles Turnbull who acted as spokesman, thus preventing other members of the group from contributing as much as they might, reducing their role from participant to onlooker.

Nevertheless the discussion was satisfactory. Opportunity was taken to congratulate the staff on their achievement.

#### CONCLUSIONS

The sharing of charisma with ward technicians, recognition of their responsibility to patients and judicious delegation of authority has resulted in great improvements. This has been given added fillip by the Federal foster grandparents and college student programs.

#### OBSERVATIONS

Continuing education of staff with workshops and so forth remains essential. Especially required is a working knowledge of the purpose and function of groups (Executive, Advisory, Therapeutic, Educational). The nature of participation, communication and simple discussions on the lines of "Games People Play" by Eric Berne.

Scrutiny of functions and efficiency of the various programs should be made at, say, six month intervals. This could well follow the six month program assessment made by the cottages.

Now that the programs are underway, examination of 'discontinuity' of personnel may be useful. The lines of authority and sources of advice may have become obfuscated. Psychiatric technicians did not always seem to know to whom they should take their problems. Problems did not always seem to be dealt with expeditiously -- according to several workers.

It seems probable that some of the hostility and dissension noted at times results from the threat to the sense of responsibility of department heads by the authority of the program leaders and the programs themselves.

It seems important that the requests for supplies, staffing, population changes, recommended in the six month program assessments are manifestly seen to be noticed by the appropriate authorities -- maintenance staff, business manager, Central Office, and so forth. Maybe the comparatively minor recommendations could be implemented without great

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cost or delay. Arrangements of requests under priorities such as "Urgencies", "Necessities", and "Niceties" by the staff could be helpful to the executive in deciding priorities.

The need for all staff to define and accept the objectives of the service for mentally retarded patients persists. Perhaps it would make a useful, albeit implicit, theme for further workshops. Medical records appear to need scrutiny and simplification.

In spite of the above observations, we came away with a feeling that a good job is being done. So much is happening at Cambridge, it might be useful for groups of staff from other MR institutions to visit.

Appendix I: Details of changes in Ward Living Conditions at Cambridge State Hospital, 1965-1967.

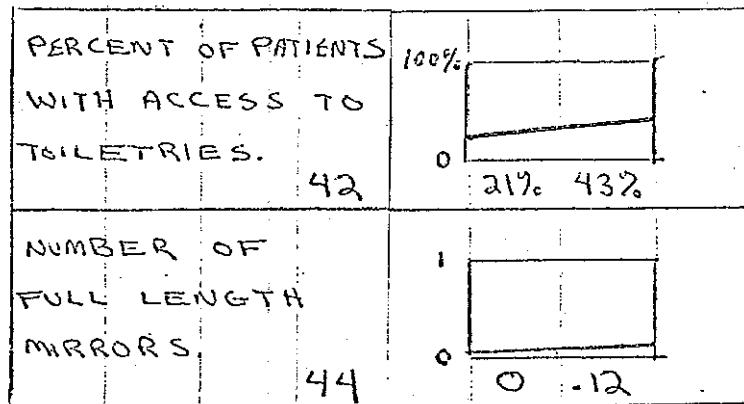
Appendix II: List of suggested improvements made by staff.

# CAMBRIDGE

- 17 -

NUMBER OF DORMS LOCKED ALL DAY. 10A	<p>1.00 1965 1967 0 .50 .90</p>
NUMBER OF PATIENTS IN SECLUSION PAST MONTH. 11F	<p>10 0 2.9 4.8</p>
PERCENT OF PATIENTS ALLOWED A NAP. 12	<p>100% 0 90% 100%</p>
PERCENT OF PATIENTS ALLOWED TO WATCH TV AFTER 10:00PM. 15	<p>30% 0 0% 30%</p>
NUMBER OF PLANTS ON WARD. 17AB	<p>20 0 2.4 18.</p>
WHEN IS BEDTIME? 20	<p>11PM 9PM 9:15 9:25</p>
PERCENT OF PATIENTS ALLOWED UP AFTER BEDTIME. 21	<p>100% 0 4% 25%</p>
WHAT TIME ARE PATIENTS UP IN THE MORNING? 22	<p>8AM 6AM 6:15 6:20</p>
WHAT TIME IS BREAKFAST? 23A	<p>8AM 7AM 7:00 7:10</p>

NUMBER OF PICTURES.	100	
24AB		15.0 31.5
PERCENT OF PATIENTS WITH PLACE FOR POSSESSIONS.	100%	
27A		35% 75%
PERCENT OF PATIENTS WITH LOCK.	100%	
27B		1% 32%
NUMBER OF WINDOWS WITHOUT CURTAINS.	50	
28		17 10
NUMBER OF SNACK ROOMS	1	
29		.17 .23
NUMBER OF IRONS.	2	
31		.9 1.9
NUMBER OF WASHERS AND DRYERS.	2	
32		0 .11
NUMBER OF POP MACHINES	1	
37		.05 .29
NUMBER OF WATER COOLERS.	1	
38		0 .12



CHANGES IN WARD

LIVING CONDITIONS

1965-1967

APPENDIX II. LIST OF SUGGESTIONS FOR IMPROVEMENTS MADE BY WARD STAFF  
IN ANSWER TO QUESTION #47 IN APRIL, 1967.

QUESTION 47: WHAT THINGS WOULD YOU LIKE TO SEE IMPROVED ON YOUR WARD?  
(Listed in the Order of Frequency)

More staff, technicians, linen workers  
More electrical outlets in day rooms, bathrooms, wards, recreation rooms,  
and barber shop  
More privacy in dorms and bathrooms  
More outdoor and indoor recreational equipment in buildings  
More toilets to speed up toilet training program  
Toilet seats.  
More play equipment for children's wards; balls, plastic toys  
New curtains or drapes  
More and better furnishings for wards and day rooms (chairs, rockers, sofas)  
Fewer residents  
Better facilities for handling soiled laundry and garbage  
Removal of security screens  
Better storage for residents' clothes and for private belongings  
Washer and dryer  
Valances on the windows  
Air conditioning  
Partitions in toilets  
More ward activity  
More aides  
More volunteers  
Open doors to outside controlled areas  
New reading lamps  
Cooking facilities for patients to prepare snacks  
Better facilities for receiving food in cottages and for keeping it warm  
Ramp so residents have easier access to play yard  
More time to conduct group sessions  
New plastering and a paint job  
Picnic tables and benches in yards and on the mall  
Dixie cups for drinking  
Paper towels in bathrooms  
More and better clothes closets, closer to sleeping area  
Better lighting in clothes rooms  
Cabinets for storage of toys and games on wards  
Divide day rooms into several areas for smaller groups of patients and for  
different types of patients  
Paper towel cabinets in dorms  
Portable library, puzzles, pictures  
New medicine cabinet  
Beauty parlor  
A flush hopper for washing out soiled clothing  
Built-in bookcases  
More help for remotivation program  
Cupboards for storing dishes  
Night aide relief  
More small quiet rooms where residents can go to be alone  
Upper-half-opening doors to day rooms for better supervision when staff is short  
Screen enclosures to stairs to dorms allowing for more open wards  
Better side rooms  
Sick room facilities

Cambridge (Cont.)

Screen door to front hall for better ventilation  
Windows in halls adjoining day rooms  
Curtains for all rooms on children's and North and East wards  
Clock on south side of Cottage 5  
Outside lines to hang clothes on  
Subscriptions to daily papers and current magazines  
A yard with grass and no sand burrs  
Outside entrance from South Ward porch to play yard so patients can go in  
and out at will  
Exhaust fan for North Ward  
New Hi-lo hospital beds